

## **Summary of Safety Integration Inspection Report Response Deficiencies**

The following are the deficiencies identified with the Attachment to the BNFL Safety Integration Inspection Report Response Letter:

1. Page 1 of 4, item 2, “Reason for the Finding,” does not appear to adequately describe the reasons for the examples of the Finding. For example:
  - In two of the four examples of the Finding, BNFL stated that the reason for the Finding was a need to clarify procedures. However, the RU does not agree that procedure ambiguity was the reason for the Finding. Responses to the other two examples also, in the RU’s opinion, did not address the reason for the Finding. From the RU’s view, in all four examples the procedures were not followed because staff either did not use the procedures or did not feel compelled to follow them.
  - Response to Item 2.d. states that SIPD was not yet implemented and therefore, did not need to be controlled by PDC. However, data was being placed in the SIPD database during the inspection and, in the RU’s opinion, should have been controlled as a project record. Regardless of the need to control SIPD information, the failure to address the procedural requirement was not discussed. If BNFL was to decide that the requirement would not apply until a specific time or declaration, the procedures should have reflected this decision.
  - Although none of the examples represented a significant safety issue, they were not isolated examples of failure of an individual to follow specific procedural steps. Combined with other identified RU Findings of this nature, BNFL should be assessing whether staff fully understand and accept the requirement that they are to follow procedures that affect quality. In addition, staff should be identifying and initiating changes to procedures where requirements are not clear or not reasonable for the activity prescribed before going forward with the activity. Deficiency reports should be generated for cases where staff identify, after the fact, that procedures were not followed.
2. Page 2 of 4, item 3, “Corrective steps that have been taken and the results achieved,” does not fully describe the actions taken or need to be taken to correct the deficiencies. For example:
  - Item 3.a. states that “It has been determined that a Committee Membership List and missing appointment letters must be issued to PDC to maintain conformance with procedure K70P526.” Although we agree that the appointment letters must be issued to comply with the procedure, what we are not being told is what your corrective actions were. For example, do you plan to issue missing letters and send them to PDC? Will you be training applicable staff to ensure that future

letters will be issued and sent to PDC? We acknowledge that the action to issue missing letters is addressed in item 4 “The Corrective steps that will be taken to avoid further Findings,” but belongs in item 3.

- Item 3.b. states that the code of practice will be revised to clearly define the minimum criteria to be applied in reviewing implementing documents. However, the response does not provide details of the revision, in order for the RU to be able to determine if it will adequately address the problem. In addition, the response does not address how BNFL plans to ensure that staff will follow these revised procedures.
  - Item 3.c. states how BNFL intends to revise its procedures, but again the response fails to tell the RU how it intends to ensure that staff will follow these newly revised procedures since they did not follow the earlier versions.
  - Item 3.d. states that “It has been determined that SIPD should be maintained as a project record.” However, it does not describe the corrective steps taken or the results achieved.
3. Page 2 & 3 of 4, item 4, “The corrective steps that will be taken to avoid further Findings,” did not address failure to follow procedures and contained information that addressed corrective steps which should have been included in Item 3. For example:
- Section 4.a. provides corrective steps that might better fit in item 3, (i.e. “necessary appointment letters will be issued through PDC for all current members.”)
  - Section 4.d. also provides corrective steps that might better fit in item 3, particularly since data is currently being placed in the SIPD database.

The RU acknowledges BNFL’s efforts to perform a root cause analysis concerning project procedures, particularly as it relates to level of detail. The RU is aware that the root cause effort has been ongoing for some time. If BNFL believes this effort is germane to the Finding, details of interim findings and corrective actions taken or proposed should have been included in the response.

The RU’s continued identification of procedural compliance issues that appear to go beyond isolated examples of failure to follow procedures, indicates a need for a timely, project-wide effort to address both procedure compliance issues and the need for staff to continually evaluate, document, and resolve procedural problems rather than to ignore the requirements.